| 0. | Approved for use through 07/31/2006. OMB 0 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF CO | | | ; U.S. DEPARTMENT OF COMMERCE | | |
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| | Under the Paperwork Reduction Act of 1995, no persons are required to respon | d to a collection of | | | | |
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERE | | | Docket Number (Optional) MI 40-179 | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as expressional in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] 6 - 9 - 0 5 | | In re Application of David K. Ovard et al. Application Number 09/265,073 Filed March 9, 1999 For Micron Technology, Inc. | | | | |
| Signature | | Art Unit | | Examiner | | |
| Typeo name | Jim Tidrickk | 2635 | | M. Shimizu | | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | | | |
| The fe | ee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | | \$ 500.00 | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | | | | |
| X | A check in the amount of the fee is enclosed. | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | EV 550714958 | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | | |
| \boxtimes | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 23-0925 . I have enclosed a duplicate copy of this sheet. | | | | | |
| \boxtimes | A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| I am t | he |) | | | | |
| | applicant/inventor. | | 18 | Signature | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | Jam | es D. Shau Typed | | | |
| \boxtimes | attorney or agent of record. Registration number | . <u>509</u> - | -62 <u>4</u> | phone number | | |
| | attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. | | 6/9/0 | Date | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 \boxtimes *Total of forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

500.00 GP

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Effective on 12/08/2004. Complete if Known o the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/265,073 Application Number TRANSMITTA Filing Date March 9, 1999 For FY 2005 First Named Inventor Ovard et al. **Examiner Name** M. Shimizu Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2635 TOTAL AMOUNT OF PAYMENT 620.00 MI40-179 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Name: Wells St. John, P.S. Deposit Account Deposit Account Number: 23-0925 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 100 250 Design 200 100 130 100 50 65 200 Plant 100 300 160 150 80 300 500 600 Reissue 150 300 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee (\$) - 20 or HP = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$)

| SUBMITTED BY | ^^ | | |
|-------------------|--------------------|--|------------------------|
| Signature | 4800 | Registration No. (Attorney/Agent) 38,933 | Telephone 509-624-4276 |
| Name (Print/Type) | James D. Shaurette | | Date 6/8/05 |

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

(round up to a whole number)

Fee Paid (\$)

Fees Paid (\$)

\$620.00

- 3 or HP =

3. APPLICATION SIZE FEE

Total Sheets

4. OTHER FEE(S)

HP = highest number of independent claims paid for, if greater than 3.

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Other (e.g., late filing surcharge): Notice of Appeal; Request for Extenstion of Time (1 month)

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